

Fight Sports Association



Incorporated



Novice Amateur Registration Form

Given Name: _____ Surname: _____

Address: _____ Postcode: _____

Phone: (home) _____ (mobile) _____

E-mail: _____

Date of Birth: _____ Gender (please circle): Male / Female

Club: _____ Trainer: _____

Registration Number: _____ Competitor Fee: _____

Please Tick: Rules that you would like to compete in

- BOXING**
- KICKBOXING**
- MUAY THAI – MODIFIED – NO ELBOWS**
- GRAPPLING**
- MIXED MARTIAL ARTS – C CLASS**

DISCLAIMER

1. I, THE UNDERSIGNED, IN CONSIDERATION OF, AND A CONDITION OF ACCEPTANCE OF MY ENTRY IN THE ABOVE EVENTS FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY WAIVE ALL AND ANY CLAIMS FIGHT OR ACTION, WHICH I OR THEY MIGHT OTHERWISE HAVE ARISEN OUT OF ANY LOSS OF LIFE OR INJURY, DAMAGE OR LOSS OF ANY DESCRIPTION WHATSOEVER WHICH I MAY SUFFER IN THE COURSE OF A OR CONSEQUENT UPON MY ENTRY IN THE SAID EVENT.
2. THIS WAIVER, RELEASE AND DISCHARGE SHALL BE AND OPERATES SEPARATELY IN FAVOUR OF ALL PERSONS, CORPORATION, AND BODIES INVOLVED OR OTHERWISE ENGAGED IN PROMOTING OR STAGING THE EVENT.
3. I HAVE BEEN EXPLAINED AND THEREFORE UNDERSTAND AND ACCEPT THE RULES OF THE COMPETITION ADOPTED ON THE DAY OF THE COMPETITION.

Signature of Competitor _____

Print Name of Competitor _____

Signature of Parent / Guardian _____
(If competitor is under 18 years of age)

Print Name of Parent / Guardian _____

Please note: This Application Form MUST BE ACCOMPANIED WITH YOUR COMPETITOR FEE, otherwise you will not be competing.